REMARKS

This draft addresses the Detailed Action dated March 18, 2003. Claims 21, 23, 24, 27, 28, and 30-44 are pending. I canceled Claims 22, 25, 26, and 29. Some of my claim amendments are to more clearly capture my invention and to eliminate redundancies between related claims.

As requested, I below "point out support" for my claims in the originally filed specification and claims. Below I also briefly explain in part why the claims submitted are not taught individually or in combination by the Norden-Paul, Surwit, and Campbell patents. (For the reasons already stated in my earlier response to the Detailed Action dated August 27, 2002, my invention is also not taught individually or in combination by the earlier cited Evans, Walker, and Bardy patents.) Rather than discuss every claim, for brevity I will selectively discuss for brevity only a few to show why they are patentable.

An Introduction to My Invention

Unlike the first generation systems of Norden-Paul, Surwit, and Campbell, my invention is an advance over conventional records systems because my invention enables multi-dimensional use by all kinds of people, not exclusively health care providers, in accordance with the special preferences of patients. Medicine's longstanding and narrow focus on the needs and perspective of doctors and health care providers fails to address the unmet needs of a patient who wants to be able to let herself, or others she freely selects, enjoy free or selective access to the patient's records. The traditional health care industry's primitive focus from the physician's, as opposed to patient's, perspective explains the inability of patients to share records over large geographical distances, for non-medical purposes, and beyond the narrow confines of hospital or other industry care settings so that friends, family, and other non-medical relations (and also health care providers) of the patient can also access patient records if the patient grants them such access.

My invention breaks new ground in an entirely different direction by letting the patient selectively decide, for example, which doctor gets to see what records and what personal relation gets to see what records. My invention is a breakthrough over the prior art because it rejects the limitations of the prior art, as the Detailed (Final) Action at page 8 recognizes ("Therefore, it is respectfully submitted that typically in medical records management a health care provider would have *complete access* to patient records . . ."). My invention allows a patient to prevent health care providers, accounting personnel, and others from seeing all of a patient's records when access to all records is unnecessary and contrary to the patient's wishes. My invention also allows a patient to provide records access to herself or personal relations of the patient if so desired by the patient. These and other technology advances of my invention are recited in my claims and will be discussed more to some extent below.

"Support" for My Invention

I am confident that my specification does include and "support" the ideas about which you raised questions. The following discusses some examples of where the description of my invention in the Specification supports the identified "recitations" of my claims:

- **"first/second access parameter"** – My invention discusses many access factors and considerations -- i.e., access parameters -- that dictate the nature of selective records access. For example, the individual herself is one such access parameter that dictates selective access. Page 11, line 23 of my patent application: " . . . the site computer 110 checks to see that, even if the individual is permitted to enter the site computer 110 and access the database, the individual is entitled to create or access the health records of the patient identified." As another example, the role of the individual seeking access is another access parameter that informs the nature of access that may be selectively granted based upon considerations of qualification and authority. Page 13, line 1 of my patent application: "If the login ID provided by the individual identified the individual as not being a professional, but rather the patient, a family member, or friend, for example, then the site computer 110 allows the individual only to display or organize records, not to create or modify them since the individual is not qualified or authorized to do so." As yet another example, access parameters shown in Figure 5 may dictate selective access to records based on many predetermined access parameters. Page 23, line 1 of my patent application: " . . . the site computer and database can be programmed to allow partial or selective access to a patient's records based on many predetermined parameters, including the information provided in the fields 502-518, in addition to the examples described above."
- **"first/second medical condition"** – My patent application at page 20, line 10 states: "Each authorization database is programmable and lists names of persons entitled to access portions or entireties of the patient's records and also identifies which portions of the records are accessible by the person." In one embodiment, my invention discusses selective access to records based on the underlying medical condition and whether the records reflect good or bad health of the patient. As an example, my patent application at page 22, lines 1 states: "The patient may choose to allow one group of persons to have access to records relating to care and treatment for one condition only. Likewise, the patient may choose to allow another group of persons to have access to records relating to care and treatment for the other condition only. Thus, the authorization database can be programmed to allow selective access to the patient's records depending on the person seeking access and depending on the condition discussed for particular records."
- **"first/second predetermined amount"** and **"first/second criterion about monetary amounts owed"** – In one embodiment, my invention discusses providing selective

access to records based on the amounts of money owed by the patient. My patent application at page 20, line 10 to page 22, lines 4-18 states: "Each authorization database is programmable and lists names of persons entitled to access portions or entireties of the patient's records and also identifies which portions of the records are accessible by the person . . . The flow logic 700 could be alternatively implemented to allow access only to records documenting costs less then [sic] or more than or in a range between predetermined amounts."

- "**electronic file history**" – In one embodiment, my invention discusses providing electronic file histories to arrange, compile, organize, and other manipulate records, or fields thereof. For example, my patent application at page 17, line 5 states: " . . . the database 112 collects and arranges all of the records of a patient in a file history 600 as shown in Figure 6." My patent application at page 18, lines 3-6 states: " . . . the file history 600 can be a compilation of only one, or many, selected field(s) of various records . . . [F]ile histories, once compiled, are stored in the site computer 110 and the database 112 for later access."
- "**access rules**" – My invention is centrally focused on selective records access based on access parameters. The provision of selective access is a result of programmable access rules that dictate what kind of records access will be allowed in response to a given access parameter. My patent application at page 22, line 22 states: "It will be appreciated by those of ordinary skill in the art that the authorization database as implemented by the site computer and database can be programmed to allow partial or selective access to a patient's records based on many predetermined parameters . . ." For example, my patent application at page 20, line 10 states: "Each authorization database is programmable and . . . also identifies which portions of the records are accessible by the person." One example of an access rule that dictates what kind of selective access is enjoyed by accounting personnel is discussed in my patent application at page 21, line 8: "[A]ccounting personnel . . . are allowed only to access the financial records or component portions of records relating to financial information . . . [T]he authorization database restricts access by the listed accounting personnel to any information in the records beyond the financial information." Another example of an access rule that provides the nature and extent of selective access enjoyed by two groups of persons is discussed at page 22, line 1: "The patient may choose to allow one group of persons to have access to records relating to care and treatment for one condition only. Likewise, the patient may choose to allow another group of persons to have access to records relating to care and treatment for the other condition only." In view of these and other examples, my patent application exhaustively discusses access

rules that govern what records can be accessed in a given situation and in response to a given access parameter.

- **"determined by the patient"** – My invention relates to allowing patients to selectively determine which persons enjoy access to records and receive notifications. For example my patent application at page 10, line 21 states: "Furthermore, persons designated by the patient to have access to the patient's health records can have such access." As another example, my patent application at page 21, line 22 states: " . . . an authorization database is provided for storing information regarding friends and family selected by a patient to have access to the patient's records . . . . Thus, the authorization database can be programmed to allow selected access to the patient's records . . ." As yet another example, at page 24, line 17, my application states: "Upon detection of records indicating that the threshold event has occurred, the site computer 110 determines from its appropriately programmed database which persons should be contacted. . . . The determination causes the site computer 110 to automatically initiate contact with or notify these persons."
- **"completely denying access"** – My invention relates to providing selective records access. This concept of selective access by necessity involves providing access to some records to one group and denying access to the same records to another group. For example, my patent application at page 20, line 20 states: "If the result of decision step 10 is affirmative, the logic proceeds to a step 712 where the person is restricted in accordance with the authorization database to only portions of the patient's records. Other portions of the records are not accessible by that person." As another example, my patent application at page 22, lines 1 states: "The patient may choose to allow one group of persons to have access to records relating to care and treatment for one condition only. Likewise, the patient may choose to allow another group of persons to have access to records relating to care and treatment for the other condition only." As yet another example, in my patent application at page 21, line 8: "[A]ccounting personnel . . . are allowed only to access the financial records or component portions of records relating to financial information . . . [T]he authorization database restricts access by the listed accounting personnel to any information in the records beyond the financial information."

I believe that all of your questions regarding "support" are satisfactorily discussed and addressed.

Claim Rejections – 35 USC § 112

For the reasons I mentioned above about "support" for my invention, my earlier claims are described in the original specification of my patent application and do "reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention".

The Norden-Paul Patent

("Method for Generating Patient-Specific Flowsheets by Adding/Deleting **Parameters**")

As its title implies, the Norden-Paul patent is narrowly tailored as a way to customize the certain varieties of hospital-specific information – i.e., "parameters" – to be tracked on a medical form in a "hospital information system" (Abstract) over a local area network (Col. 1, line 10)." Norden-Paul discusses "Adding/Deleting Parameters" by "Real Time" (Col. 10, line 37) or by "System Configuration" (Col. 11, line 40). Norden-Paul is focused to enable creation and modification of hospitals forms by hospital medical personnel, hospital system administrators, and hospital installation specialists only (col. 11, line 50). At column 1, line 15, Noden-Paul says "This invention relates generally to hospital information systems." The Norden-Paul patent fails to consider records access in a context broader than the narrow confines of health care providers in a hospital LAN.

Norden-Paul discusses security system for "nurses, physicians, therapists, and lab technicians" (Col. 14, line 29) in the deletion or addition of parameters under system security. A parameter, like an attribute or field, is a type of information but not itself the value or data associated with the parameter. Except for limited controls around parameter manipulation, Norden-Paul fails to provide selective records access to the actual values and data in patient records. As evidence of this failure, and unlike my invention, the Norden-Paul patent discusses "read-only or read-write" access and does not teach complete denial of access. The Norden-Paul patent further fails to provide my invention's robust access controls and instead specifically provides free access to all data in a form at column 14, line 49: "[A] flow chart, generally designated 900, embodying the present invention is illustrated. The process commences with a form being displayed (step 901) such as the VITALS form of FIG. 4. When the user selects a form, the system will determine if the user has permission to add/delete parameters (step 902)."

Unlike my invention, the limited purpose of Norden-Paul is narrowly tailored for medical care providers in a specific hospital LAN context and, for that reason, can not and does not teach broad, wide-ranging records access for non medical health care providers, financial personnel, friends and family of a patient, etc. outside the health care provider context. Norden-Paul similarly fails to teach access rules determined in part by the patient because Norden-Paul is limited to traditional hospital practice where patient preferences have been ignored. In addition, Norden-Paul merely teaches controls over parameter addition and deletion on forms but clearly

fails to teach powerful controls over access, or denial of access, to underlying, sensitive patient data in records.

The Surwit Patent

("Systems . . .for Diagnosing and Treating **Medical Conditions** of Remotely Located Patients")

As the Final Office Action suggests, the Surwit patent deals exclusively with medical conditions in the monitoring, diagnosing, prioritizing, and treating remotely located patients (Abstract). At column 2, line 56, Surwit states: "Data transmitted from a patient monitoring system may be analyzed substantially simultaneously with the transmission thereof . . . to identify emergency medical conditions requiring immediate medical attention." At column 4, line 8, Surwit states: " In response to identifying an emergency medical condition, treatment information may be automatically communicated to the respective patient monitoring system . . . " Although Surwit discusses transmission of medical information in response to analyzed medical information, Surwit, like the prior art cited in the earlier Office Action, is limited to the narrow focus of medical information transmission and, unlike my invention, fails to contemplate more dynamic analysis and transmission of data that relates to more than simply medical information. Further, because of its narrow, exclusively medical purpose, Surwit fails to allow definitions of threshold events by non health care providers, such as patients.

The Campbell Patent

The Campbell patent enables users to learn about and select a wellness plan for a medical care practice. At column 30 line 65, Campbell states that a central wellness plan administrator analyzes billing information uploaded from the hospitals and creates the files necessary to obtain payments from a client's bank account or credit bard. Specifically, it creates payment files and submits them electronically to the bank." The Campbell patent merely addresses conventional business-to-business communications and fails to enable a more multi-dimensional notification systems allowing definition of threshold events by non-business entities, such as patients. Further, consistent with its narrow purpose, Campbell fails to teach the provision of notifications to individuals outside the business context, such as patients.

CLAIMS 21, 23-24, 27-28, 30-32

Claim 21, as amended, recites access "by both health care providers and non health care providers", "access rules determined by the patient", and "providing access based on the access rules to a first predetermined group of the component fields . . . when a first access parameter . . . relating to desired access by a first group of individuals" is present, "the first predetermined group relating to a first medical condition of the patient". Claim 21 also recites the same limitations for a "second predetermined group of the component fields", "a second access parameter . . . relating to desired access by a second group of individuals" is present, "the second predetermined group relating to a second medical condition of the patient". Further, Claim 21 recites "denying to the second group of individuals access to at least a portion of the first predetermined group of the component fields". Nowhere in the cited patents is any teaching of my invention's empowering a patient to define complex access rules for selectively determining who will be provided varying levels of access to her records, or even portions thereof, based on access parameters. The cited patents further fail to teach my invention of the patient's selectively providing to some people, whether they are in the health care industry or not, access to a first group of component fields relating to one medical condition while providing to other people access to a second group of other component fields relating to another medical condition, all while the other people are barred from accessing at least a portion of the first group of component fields relating to the first medical condition.

The prior art primitively implements indiscriminant all-or-nothing access – please also see my response dated December 25, 2002.. The Detailed (Final) Action at page 8 recognizes: "Therefore, it is respectfully submitted that typically in medical records management a health care provider would have complete access to patient records . . . ." My invention is a clear advance over conventional systems because it does not assume that a health care provider should have unfettered records access and vests control over patient records in the hands of the patient, who is free to create sophisticated access rules based on such factors as the kinds of persons desiring access and the kind of medical information disclosed by the records. Why should an eye doctor, who has been granted access to the patient's eye records, be allowed to see the patient's records relating to HIV treatment provided by another doctor, especially if the patient prefers otherwise?

Claim 22, now canceled, has been incorporated into Claim 21.

Claims 23-24, 27-28, 30-32, which depend on Claim 21, are patentable because they incorporate the patentable invention of Claim 21 and because they recite further aspects of my invention that the prior art patents, whether singly or in combination, do not teach. To not overburden you, I will only discuss a few of these claims to keep my comments abbreviated.

Claim 24, as amended, recites "a first health care provider having a first role" and "a second health care provider having a second role not identical to the first role". The first health

care provider and the second health care provider access "the first predetermined group of the component fields" and "the second predetermined group of the component fields", respectively. "The first predetermined group of the component fields is not identical to the second predetermined group of the component fields." Claim 24 recites the patentable invention of allowing different health professionals (e.g., physicians) to have different access to different records according to the patient's preferences. For example, why should a physican treating the patient for a superficial foot injury be able to see records relating to the patient's suffering from a chronic respiratory disease, unless the patient allows such access? As another example, what if a health professional whose role is dentist needs to access some patient records while another health professional whose role is podiatrist also needs to access records? In this example, the patient could under my invention decide to provide the dentist, based on her role, access to records involving dental health only and provide the podiatrist, based on her role, different access to different records that involve bodily health only and not dental health. The patient may decide to provide limited or unlimited access for different health care providers, but under my invention the choice is the patient's.

Claim 27, as amended, recites "the second group of individuals includes a personal relation who is not a medical care provider of the patient" and "the second predetermined group of the component fields is a fraction of all of the component fields". My invention provides for the innovative provision of records access, as determined by the patient, to personal relations of the patient, and not exclusively health care providers as is taught by the prior art (e.g., Norden-Paul, Surwit, and Campbell patents). Thus, under my invention, the best friend of a patient could be granted access to certain patient records. Further, under my invention, while the patient can provide some access to a personal relation, the patient can still selectively restrict some of the records so that the personal relation cannot access those records.

Claim 28, as amended, recites "the second predetermined group of component fields is indicative of good health of the patient" and "the first predetermined group of component fields is indicative of bad health of the patient". My invention further refines the ability of the patient to, with increasing granularity, create access rules. More specifically, my invention enables one group of people, whether health care providers or not, to see records that reflect good health of the patient, and another group to see records reflecting bad health of the patient. Under my invention, the patient can desirably prevent access by the second group of people to the patient's bad health records to contain that knowledge to only a few individuals selected by the patient. The cited patents teach nothing close to this kind of powerful patient control over records access.

Claim 30, as amended, recites "associating with one of the component fields permitted transactions selected from the group consisting of create, display, modify, and transmit, or any combination thereof" and "associating with the one component field unpermitted transactions . . . " and "restricting manipulation of the one component field to only the permitted transactions". My

invention innovates over the primitive all-or-nothing records access of the cited prior art (e.g., Evans and Norden-Paul patents) by empowering robust and refined access controls. My invention enables granular provisions of access so that a particular field in a record can be created and/or displayed and/or modified and/or transmitted. As an example, assume the patient is aware of the well-publicized dangers of erroneous data entry in the health care industry. The patient could then specifically endow certain health care providers to create medical records for her. Under the same concern, the patient might choose to permit only a select few individuals to modify her medical records. The patient could decide to allow display (but not creation or modification) of certain records to other health care providers in whom the patient did not have as much confidence. As another example, the patient could choose to let her best friend see (i.e., display) or transmit all of her records, health-related and otherwise. However, my invention empowers the patient to proscribe any create or modify access rights for her best friend if the patient believed that, for example, the best friend would not be qualified to enter information on the patient's medical or billing records. None of the cited patents even tangentially approaches the refined, powerful access rights that the patient can control under my invention. In contrast to my invention, the cited patents (e.g., Evans patent) primitively state that once someone has access to a patient, the person gets full access to the patient's entire record.

Claim 31, as amended, recites "selectively organizing the records or component fields thereof according to selectable parameters based at least in portion upon the particular types of patient data" and "compiling the organized records or component fields thereof into an electronic file history that is storable in the electronic database for later access". These features are incorporated from the earlier Claims 38 and 39 (which are currently directed to other features of my invention). My invention provides the freedom to dynamically organize patient records as the patient, or other person desires, and the related efficiencies of compiling the organized information for storage and reuse later. My invention provides a performance driven enhancement to assemble and store a file history of organized records to eliminate the need for repeat processing of identical organizing efforts. For example, a patient could choose billing-related data as a selectable parameter to efficiently and electronically assemble and store all outstanding bills to health care providers, and to filter away volumes of other health-related information unrelated to billing. Further, for example, the accountant of the patient, if she was provided access by the patient, could then simply recall the compilation to prepare the proper payments on behalf of the patient. Nothing in the cited patents teaches this streamlining advance.

CLAIMS 33-37

To not overburden you, I will only discuss a few of these claims.

Claim 33, as amended, recites "a threshold event relating to both medical and nonmedical data about the patient, the threshold event defined by the patient" and "automatically provide an electronic notification, that is not an offer to have medical services performed, to a non health care provider selected by the patient upon occurrence of the threshold event as defined by the patient". My invention empowers a patient to dynamically define who will receive an automatic notification based on a complex combination of physiological and non-physiological considerations that constitute a threshold event, unlike the Campbell patent which merely teaches routine business-to-business (i.e., hospital-to-bank) payment notifications based on financial information only. Under the robust features of my invention, the patient can also determine that the notification should be provided to a friend, relative, or other non medical health care provider. Furthermore, unlike the teachings of, for example, Surwit (which discusses analysis of medical information to monitor, diagnose, prioritize, and treat patients for medical purposes only), my invention enables definition of threshold events that transcend physiological purposes and relate to other non-physiological information as well. Also, unlike the prior art patents like Surwit, which teaches sending medical notifications to a patient, or Walker, which teaches sending medical notifications (or "offers") to physicians to request medical services, my invention provides the capability to send notifications to people outside the medical health industry who have been selected by the patient. For example, under my invention, a patient could define a threshold event that requires notification of her stock broker (to liquidate investment equities) in order to pay health care providers if both the patient's health is poor and unpaid bills exceed $20,000. The patient in this circumstance could benefit from my invention to ensure proper payment to health care providers if the patient herself were physically unable to do so, thereby ensuring that her health care providers would not quit treatment for lack of payment. The cited patents fail to provide any ability to automatically notify a non medical care provider upon satisfaction of a complex, hybrid threshold event involving more than exclusively medical considerations and more than exclusively financial considerations, much less a threshold event that defined by the patient.

Claim 35 recites "the threshold event relates to monetary amounts owed by the patient". My invention enables threshold events defined by both medical and nonmedical information such as monetary amounts owed. Nothing in the prior art patents discusses automatic notifications based on both medical information and money. Rather, the cited patents describe simplistic threshold events based, not on patient preferences, but rather on a solitary factor: money only (Campbell patent) or medical information only (Surwit, Walker).

Claim 36 recites "the interest entity is the patient". The prior art patents do not teach any provision of notifications to the patient herself based on medical and nonmedical threshold events defined by the patient.

Claim 37 recites "the interested entity is a personal relation of the patient". The prior art patients do not teach transmission based on complex medical and nonmedical threshold events of automatic notifications to, for example, a patient's best friend or a patient's former spouse as determined by the patient. The prior art falls well short by providing notifications based merely on satisfaction of one-dimensional threshold events.

CLAIMS 38-44

To not overburden you, I will not discuss all of the claims.

Claim 38 recites many of the same features of Claim 21, except I have written Claim 38 (hopefully) in a more clear way. For Claim 21, I tried to maintain its general wording while also incorporating features of prior Claim 22. Any unavoidable length in Claim 21 by virtue of its inclusion of prior Claim 22 is, I hope, overcome with more brevity in Claim 38. Among the differences, Claim 38 recites "a first set of component fields" as opposed to a "a first predetermined group of the component fields". Another example, I did not include in Claim 38 the last line of Claim 21 "when the second access paramenter is present" because I think it may be redundant with the rest of the language. As yet another example, "medical condition" has become "condition".

Claim 38 is patentable because, for many of the reasons set forth regarding Claim 21, the prior art fails to teach any ability of the patient to dictate that different kinds of people should enjoy different access to different kinds and different levels of records, based on the various conditions of the patient reflected in records. One condition could be medical while another condition is not medical. Alternatively, two conditions could both be non-medical. For example, the patient records could reflect one condition covering all instances of patient invoices exceeding $500 for a particular medical service while other records could reflect a condition covering all instances of care provided to treat a sexually transmitted disease. My invention provides a unique ability of the patient to determine that one group of people should see records reflecting one condition that another group cannot see.

Claim 39 recites "the second condition relates to non-medical information". My invention innovatively empowers the patient to provide access for a group of persons to non-medical records. For example, the patient could provide her accountant, financial advisor, tax strategist,

etc. to see all records that related to financial obligations of the patient but deny access to other records that relate to the patient's physical well-being (i.e., medical records). The prior art does not teach or suggest this in any way.

Claim 40 recites "the second group of individuals includes billing or accounting personnel" and "the second set of component fields relates to financial information". My invention allows a patient to, in turn, selectively allow billing or accounting personnel to access the patient's data relating to finances.

Claim 41 depends from Claim 40 and further recites "denying the billing or accounting personnel access" to "information about medical health of the patient". My invention empowers the patient to allow billing personnel certain access to financial information but not complete access to all health records. The prior art does not teach this.

Claim 42 recites "the first set of the component fields satisfies a first criterion about monetary amounts" and "the second set of the component fields satisfies a second criterion about monetary amounts". My invention uniquely allows the patient not to provide to, for example, financial personnel all access to all financial data. Rather, my invention enables the patient to, with increased granularity, define two different financial conditions and selectively provide access to each financial condition. For example, the patient may choose to let her accountant access all records indicating accounts payable for less than $5000 while selectively providing to her stock broker (and hiding from the accountant) all records indicating accounts payable for more than or equal to $5000. The prior art fails to provide his dynamic flexibility.

Claim 43 recites "the second group of individuals includes personal relations". My invention provides selective records access by a patient's personal relations, not merely her health care providers or financial personnel. The cited patents do not provide personal relations any such access.

Claim 44 recites, in accordance with patient definition, the ability of billing or accounting personnel to access component fields that satisfy "a first criterion about monetary amounts owed" and health care providers to access component fields relating to "medical health". This empowers the patient to parse access to sensitive records on a need-to-know basis. The cited patents, by their rather sole focus on physician desire, fail to consider patient preferences in the provision of selective records access.

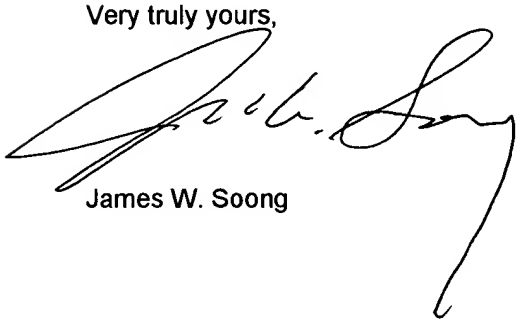
Summary

I strongly believe that the Norden-Paul, Surwit, and Campbell patents fail to individually or in combination teach my invention. For the reasons I already stated in my response to the Detailed Action dated August 27, 2002, I continue to strongly believe that the Evans, Walker, and Bardy patent also fail to individually or in combination teach my invention. Thanks again for your consideration.

Substance of Interview

I understand that I should provide a summary of our last phone conference on May 20, 2003. Examiner Johnson, you, and I discussed Claims 21 and 22 and, more briefly 33 and 38. We discussed the cited Norden-Paul, Surwit, and Campbell patents. We discussed amendments suggested by Examiner Johnson and you, which are summarized in your Interview Summary. In a sentence, the general thrust of my comments was that the prior art merely describes systems that are narrowly centered on health care provider (e.g., physician) needs in the confines of a care setting rather than patient needs in any context.

Very truly yours,



James W. Soong